appropriate All further cor indicated unless corrected maintenance fee notification	mishould be used for tran respondence including the lelow or directed otherwise	applicable fe smitting the ISSUP Patent, advance ord in Block 1, by (a)	e(s), to: M: or F: E FEE and Plers and notifi	ax (UBLICA ication of new con	Commissioner 102 P.O. Box 1450 Alexandria, Virgi (703) 746-4000 ATION FEE (if requi) of maintenance fees were address; Note: A certificate of Pee(s) Transmittal. This	red). Blocks 1 through 5 ill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for for domestic mailings of the for any other accompanying
ffrey C. Hood	590 04/07/2005 Kivlin, Kowert & Goet 000007 501505 106836]	papers. Each additional have its own certificate Cer I hereby certify that the States Postal Service waddressed to the Mail ransmitted to the USP.	I paper, such as an assignm of mailing or transmission. tificate of Mailing or Tran is Fee(s) Transmittal is bein tith sufficient nostage for fi	ent or formal drawing, must
)1 FC:1501 1400.00 DA					C/C n		(Signature)
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APPLICATION NO.	FILING DATE	ING DATE FIRST NAMED INV			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/683,621 TITLE OF INVENTION: II	10/10/2003 NTEGRATED RELAXATIO	ON OSCILLATOR	Aniruddha WITH IMPRO			5707-04300 MPONENT VARIATION I	1840 DUE TO PROCESS-SHIFT
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1400	\$1400		\$300	\$1700	07/07/2005
EXAM	ART UNIT		CL	ASS-SUBCLASS			
MIS, D	2817			331-143000			
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PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN	n 37 CFR 3.11. Completion	elow, no assignee of this form is NO.	data will appe T a substitute i B) RESIDENC	ear on the for filing	ne patent. If an assign g an assignment. Y and STATE OR CO		document has been filed for
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	e assignee category or category		inted on the part. Payment of		☐ Individual 💢 C	orporation or other private	group entity Government
4a. The following fee(s) are Issue Fee Publication Fee (No Advance Order - # o	small entity discount permit		A check i	in the an	nount of the fee(s) is en it card. Form PTO-203 hereby authorized by o mber 501505/5707-0	8 is attached.	or credit any overpayment, to a copy of this form).
a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. See 37	
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Authorized Signature	()(n		· -	Date	6/21/2005	
Trinad ar printed name	Jeffrey C. Hoo	od			Registration	_{1 No.} PTO # 35,198	

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